

Aboriginal Head Start on Reserve

Progress Report

(2001-2003)



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Aboriginal Head Start on Reserve

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(2001-2003)



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ABORIGINAL HEAD START ON RESERVE PROGRAM (AHSOR)

2001-2003 PROGRESS REPORT

ABORIGINAL HEAD START ON RESERVE PROGRAM (AHSOR)

The Aboriginal Head Start On Reserve (AHSOR) program is designed to prepare young First Nations children for school by meeting their emotional, social, health, nutritional and psychological needs. Each AHSOR project includes six core components that address the needs of First Nations children and their families.

Culture and Language:

Provides children with a positive sense of themselves as First Nations children and builds on their knowledge of First Nations languages and community culture.

Education:

Promotes lifelong learning and provides children with the opportunity to learn in an age-appropriate environment that builds on their enthusiasm and initiative.

Health Promotion:

Encourages parents, guardians, caregivers and the children to increase their control over and contribute to their improved health. Promotes self-care and cooperation with others through both informal and formal social support networks.

Nutrition:

Provides nutritious food for the children and educates parents and staff about the relationship between nutritional requirements and a child's capacity to learn and to develop both mentally and physically.

Social Supports:

In cooperation with other service providers, increases awareness of resources and community services that are available to families.

Parental and Family Involvement:

Acknowledges the primary role of the guardian or parent as educators by encouraging their participation in the program, thus allowing them to share their gifts, develop as role models for the community, gain confidence and acquire a deeper understanding of their children.

VISION

First Nations recognize children as their most valuable resource. AHSOR's vision is:

To deliver Early Childhood Development (ECD) programs that include locally controlled and designed early-intervention strategies that instill in First Nations preschool children a positive sense of self and a desire for learning. As a result, the AHSOR program provides them with opportunities to develop fully and successfully.

EXECUTIVE SUMMARY

The Aboriginal Head Start On Reserve (AHSOR) program celebrates the diversity of First Nations communities and their cultures across Canada, while providing children with activities and experiences that nurture positive self-esteem and foster a desire to learn.

This initiative encourages the development of projects in communities across Canada that include the following essential components: culture and language, education, health promotion, nutrition, social supports and parental/family involvement.

The degree of community involvement in every project contributes considerably to the success of each project. The participation of family members – and of community Elders in particular – instills a greater sense of pride in the community and the traditional cultures.

Every region develops their own unique linkages and partnerships within communities. It is often the case that the AHSOR program combines its work with several other programs or groups in the community to meet the needs of children and families.

The program continues to grow and although it is only in its fifth year of implementation, it's now serving over 7,400 children in 321 communities, representing an on reserve population of 183,267. Most regions also reported that more children with special needs are accessing the program.

Reports from the regions covering the 2001-2003 period indicate that the AHSOR program is having a positive impact on the lives of Aboriginal children and their families and on the communities that are served by the program.

AHSOR initiated a national evaluation in the 2001-2003 reporting period, the results of which will be distributed to every region in the form of a condensed, easy-to-read package. The national office also hosted a successful national training workshop that saw the participation of over 500 delegates, and was highly focused on implementing the mandate of the Federal Strategy on Childhood Development for First Nations and Other Aboriginal Children to improve and enhance existing AHSOR programs across the country.

At the regional level, there was progress in the areas of professional development, policies and procedures, and curriculum development. Through the six components, projects in all regions are meeting the objectives of the program.

The regions raised a number of issues and challenges in the 2001-2003 reporting period, such as limited networking opportunities, inconsistent safety standards, a need for screening tools, training and resources to accommodate children with special needs, and requests for greater capital infrastructure resources. In their reports to the national office, each region offered concrete and practical solutions to address some of these challenges, and the national office will be working closely with each region towards implementing improvements.

The AHSOR program will continue to evolve over the coming years. The national and regional committees will continue to work together to build stronger linkages between and within communities, to evaluate the program, to develop consistent reporting tools and to strengthen the overall program within an Aboriginal ECD approach. Health Canada, Human Resources and Skills Development Canada (HRSDC) and Indian and Northern Affairs Canada (INAC) will also work together to develop an integrated approach that meets the needs of Aboriginal children and their families.

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AHSOR: FOUR YEARS OF STEADY PROGRESS

INTRODUCTION

Since its inception in 1998, the Aboriginal Head Start On Reserve (AHSOR) initiative has continuously progressed while responding to and reflecting the needs of the communities it serves. This report, covering the fiscal years April 1, 2001 to March 31, 2003, explains the foundation of the program, demonstrates how the program has evolved and improved over time, details some of the more significant accomplishments and successes, and identifies some of the challenges that remain.

The AHSOR program is designed to prepare young First Nations children for their school years by meeting their emotional, social, health, nutritional and psychological needs. Every AHSOR project strives to instill in the children a sense of pride and a desire to learn, to foster emotional and social development and to increase confidence.

The program encourages the development of locally controlled projects in First Nations communities. As the individual programs are tailored to meet the needs of each particular community, every project is unique.

It is often the case that the AHSOR program combines its work with several other programs or groups in the community to meet the needs of children and families. It might be combined with an existing preschool or daycare to enhance the services offered, or linked to an existing Early Childhood Development (ECD) program. On the other hand, many AHSOR projects exist as a stand-alone center where there is no other source of ECD programming.

Each project reflects the uniqueness of the community while focusing on the six program components: culture and language, education, health promotion, nutrition, social support and parent/family involvement.

The AHSOR program actively encourages the full participation of parents or guardians, helping them be more comfortable in their roles as the children's first teachers. In addition to classroom participation, they can take part in field trips and special events, curriculum development, parental advisory committees, and workshops about parenting skills and healthy lifestyle choices. Many parents have been so inspired by their children's development that they themselves have returned to school, started language classes or rediscovered a traditional practice.

The participation of community Elders in the cultural component of the program is also particularly important, as it instills a greater sense of pride in the community and in the traditional cultures. Elders are proving to be an important resource in this component, sharing their knowledge of traditional languages, stories and foods.

The projects incorporate traditional activities, such as drumming, dancing, smudging, storytelling, nature walks, traditional celebrations, gathering of traditional medicines, pow wows, and the making of traditional foods. All projects include First Nations language instruction, and promote healthy lifestyles through education and health services.

AHSOR collaborates with the Social Development Canada's First Nations and Inuit Child Care Initiative, Health Canada's Brighter Futures Initiative, and the Indian and Northern Affairs Canada's Kindergarten Program, both at national and local levels. In this way, AHSOR builds upon and enhances existing programs, resulting in more comprehensive and integrated programming for children and their families.

OBJECTIVES

Long-term studies have found that children who participated in American Head Start, the model for the AHSOR program, have better than average health, immunization rates and nutrition, as well as greater social and emotional stability. Research shows that:

- ▶ The presence of an early-intervention program for children enhances a community's capacity to meet local needs in health care and education.
- ▶ Successful community intervention programs on behalf of children often achieve best results through educational initiatives. Good coordination with the educational system is therefore important to community programming.
- ▶ Effective early intervention programs for children provide for the needs of both the child and the family, and involve the parents as the child's first and most influential teachers.
- ▶ Early intervention preschool programs benefit parents as well. Many parents report improved relationships with their children, greater life satisfaction and psychological well-being as a result of the social support networks that many preschool community-based programs offer.
- ▶ A critical relationship exists between family economic circumstances and child mental and physical health. Children living in poverty are at higher risk for illness, psychological problems and death.
- ▶ The area in which "whole-child" early-intervention programs have had the most lasting impact is in physical health and well-being.

AHSOR used these findings as a basis for developing its seven program objectives:

1. To foster the spiritual, emotional, intellectual and physical growth of the child.
2. To foster a desire in the child for life-long learning.
3. To support parents and guardians as the primary teachers and caregivers of their children, making sure they play a key role in the planning, development, operation and evaluation of the program.
4. To recognize and support extended families in teaching and caring for children.
5. To ensure that the local Aboriginal community is involved in the planning, development, operation and evaluation of the program.
6. To ensure that the initiative works with and is supported by other community programs and services.

7. To ensure that human and financial resources are used effectively to produce positive outcomes and experiences for Aboriginal children, parents, families and communities.

THE EVOLUTION OF AHSOR

In 1995, the Government of Canada established Aboriginal Head Start to help enhance child development and school readiness of Indian, Métis and Inuit children living in urban centres and large northern communities. The Aboriginal Head Start program then expanded to include First Nations communities on reserve. This expansion, announced by the federal government on October 19, 1998, was the result of commitments made in *Gathering Strength: Canada's Aboriginal Action Plan, Securing our Future Together* and the September 1997 Speech from the Throne.

Funding for the AHSOR program was set at \$100 million over four years, beginning in 1998-1999, and \$25 million per year on-going.

Communities submitted proposals for project funding. Regional Aboriginal Head Start committees assessed the proposals against national criteria and, if the communities received funding, the regions were expected to fund the projects for a period of three years. In 1999/2000, 203 projects were approved. Forty-seven of those were for needs assessments development, while 156 were for operational projects.

In September 2000, Canada's First Ministers established ECD as a new national social priority, recognizing the importance of children's early years in shaping long-term outcomes. The federal government committed to transfer \$2.2 billion over five years to provinces and territories to improve and expand their ECD programs and services.

Federal, provincial and territorial governments also agreed to work with Aboriginal peoples to find practical solutions to address the developmental needs of Aboriginal children. The January 2001 Speech from the Throne provided strong support for an enhanced ECD Strategy for Aboriginal children. It stated that the Government of Canada will:

- ▶ Work with First Nations to improve and expand ECD programs and services available in their communities;
- ▶ Expand Aboriginal Head Start; and

Mandate of the Federal Strategy on Early Childhood Development for First Nations and Other Aboriginal Children:

- ▶ Improve and expand existing ECD programs and services for Aboriginal children, with a particular focus on programming for First Nations children on reserve;
- ▶ Work towards the development of a "single window" approach to ensure better integration and coordination; and,
- ▶ Introduce new research initiatives to improve understanding of how Aboriginal children are doing, and what can be done to ensure their healthy development.

- ▶ Reduce the number of Aboriginal newborns affected by Fetal Alcohol Spectrum Disorder (FASD).

In October 2002, the Federal government allocated funding of \$320 million over five years to improve and expand ECD programs and services for First Nations and other Aboriginal children. These funds contributed to many improvements in the facilities that house the AHSOR programs. The federal strategy, supported by Health Canada, Human Resources and Skills Development Canada (HRSDC) and Indian and Northern Affairs Canada (INAC), also included a commitment to the development of a “single window” approach to ensure better integration and coordination, and the introduction of new research initiatives to monitor the well-being of Aboriginal children.

STRUCTURE

The development and implementation of the AHSOR program is the result of collaborative efforts among First Nations communities and organizations. National and regional committees oversee the implementation of the program.

The national office and seven regional offices are responsible for administration of the AHSOR program, and for ensuring that resources are used in the most effective and efficient manner. They also provide the means for networking, sharing resources and professional development.

National Advisory Committee

The original mandate of the National Advisory Committee (NAC) was to provide advice, expertise and guidance on the overall national implementation of the AHSOR program. The NAC has addressed issues that are national in nature, and has identified opportunities for joint activities and linkages with existing children’s programs in areas such as knowledge transfer, staff training, curriculum development, resource material development, and evaluation support.

The NAC’s mandate continues to evolve, especially in light of the Aboriginal ECD Strategy. In the future, the NAC function and activities will be more reflective of the ECD Strategy’s mandate and objectives.

Regional Advisory Committees

Regional Advisory Committees (RACs) were established in October 1998, and are composed largely of representatives from First Nations communities and organizations as well as regional representation from the First Nations and Inuit Health Branch (FNIHB), the Population and Public Health Branch (PPHB), HRSDC and INAC. In collaboration with FNIHB regional offices, RACs review, assess, and approve project proposals that are consistent with the national principles and guidelines. They also ensure that there is no duplication of effort by examining community needs and identifying linkages within existing programming.

While the regional committees were instrumental during the early part of the proposal process, some of the committees have since found that their original mandate has changed and they have restructured their terms of reference to reflect current demands.

Parental Advisory Committees

Many projects also have formal Parental Advisory Committees that actively contribute to program development. Members include parents of the children in the program and professionals from the community. These committees serve primarily in an advisory capacity, but their purpose is also multidimensional, enabling parents to understand the importance of policies and procedures in operating a children's facility.

According to the regional reports, some of the functions that the Parental Advisory Committees perform are:

- ▶ Program/curriculum development;
- ▶ Professional support;
- ▶ Strategic planning;
- ▶ Goal setting/overseeing direction for project;
- ▶ Guidance, advice for staff;
- ▶ Resolving issues/challenges;
- ▶ Fundraising;
- ▶ Networking;
- ▶ Event/workshop planning;
- ▶ Development of resource materials;
- ▶ Development of policies and procedures;
- ▶ Budget review/financial management;
- ▶ Promotion of AHSOR; and
- ▶ Program evaluation.

Some communities have found that the formal nature of such organizations is not effective for their communities. Instead, input from parents is garnered in a less formal environment such as family meals or breakfast meetings, community events, or parent-teacher interviews.

Project staff

The majority of the funds allocated to the programs in each region (between 50 and 75 percent) are used for salaries. Each of the sites usually employs staff as coordinators and support workers, but the majority of employees are teachers or early childhood educators who work directly with the children, so that the staff/child ratio is on average 1:6, as illustrated in Table 1 (next page).

Table 1: Average % of Staff & Staff/Child Ratio (2002-2003)

Region	Staffing (average percentage of total staff)			Average Staff/Child Ratio
	% Program coordinators	% Working directly with children	% Support Staff	
Alberta	26	57	17	1:6
Atlantic	20	44	36	1:6
BC (Pacific)	15	58	27	1:5
Manitoba	16	34	50	1.8
Ontario	14	58	28	1.6
Quebec	19	64	17	1:3
Saskatchewan	23	41	36	1:6
Canada (combined average)	19	51	30	1:6

Volunteers

A significant and vital component of each and every one of the AHSOR projects is the great number of volunteers who donate many hours of their time. Last year, for example, over 100,000 hours of volunteer time were donated by parents, family, Elders, youth and others such as local Band Chief and Band staff, community health nurses, dental assistants, therapists, school teachers, firefighters, social workers, nutritionists, or RCMP officers.

Table 2: Volunteer hours by type of volunteers (2002-2003)

Region	Parents ¹	Elders	Youth/Other
Alberta	1,953	373	2,966
Atlantic	1,127	412	965
British Columbia	22,997	5,041	3,817
Manitoba	13,226	4,410	4,814
Ontario	14,006	1,675	2,867
Quebec	1,019	3,143	1,318
Saskatchewan	8,241	6,936	2,883
Total	60,616	21,990	19,630

Parents, in particular, contribute a great deal to the program. AHSOR acknowledges the primary role of the guardian or parent as educators by encouraging their participation, thus allowing them to share their gifts, develop as role models for the community, gain confidence and acquire a deeper understanding of their children. The impact of the program on the parents is discussed further in the section entitled “Impact of the projects” (page 22).

¹These numbers include classroom participation hours plus any additional volunteer hours.

The following table gives a general overview of how the volunteers contribute in each region:

Table 3: Volunteer hours per component (2002-2003)

Region	Education	Culture	Language	Social Support	Health	Nutrition	Workshops	Fundraising
Alberta	NR ²	NR	NR	NR	NR	NR	NR	NR
Atlantic	365	356	500	193	200	217	156	517
BC	6,482	5,327	3,609	3,367	1,395	2,231	1,855	7,589
Man	5,494	2,622	2,986	4,257	1,942	2,235	1,372	1,542
Ontario	4,167	1,932	1,600	2,904	1,900	1,639	2,970	1,436
Quebec	873	749	782	522	427	309	526	1,292
Sask	4,362	2,255	1,899	2,465	1,422	2,100	843	2,714
Total³	21,743	13,241	11,376	13,708	7,286	8,731	7,722	15,090



²NR=Not Reported

³Of six regions

2001-2003 ACCOMPLISHMENTS

The biggest success of the AHSOR program is helping children get a stronger sense of identity and enabling them to be well prepared for school. There is a clear commitment on the part of communities who have access to an AHSOR project to ensure that it is successful and of the highest quality.

Table 4 shows the extent of the reach of the AHSOR program: 307 projects serve 321 communities, representing an on reserve population of 183,267.

Table 4: Population and communities served (2002-2003)

Region	On Reserve Population Served by Program	Number of Projects	Number of Communities Served by Projects
Alberta	12,118	49	46
Atlantic	10,437	21	21
British Columbia	25,461	72	99
Manitoba	27,581	20	20
Ontario	25,013	18	19
Quebec	50,097	50	38
Saskatchewan	32,560 ⁴	77	78
Total	183,267	307	321

All regions report that the projects in their communities continue to be very successful, and continue to grow. Many regions also reported progress in the areas of professional development, the implementation of policies and procedures, and curriculum development.

Some of the other accomplishments common to all regions are that:

- Children who have participated in the program show noticeable differences in social, mental and physical development. Once they enter school, it is evident that they are stronger learners and pick up new skills faster than those who did not attend the program (see section entitled “Impact of the projects” on page 22 for further details on the impact of the program on children);
- Clear governance structures, accountability mechanisms, policies and procedures are being developed or updated, thus ensuring long-term program delivery;

⁴Five of 12 projects in Saskatchewan did not report; total of 7/12 is 32,560.

- ▶ An increasing number of communities are inquiring about AHSOR in the hopes that they will also be able to take part in the program;
- ▶ Partnerships within the community have flourished, as evidenced by increased linkages and accessibility with other community resources. These partnerships can be with such organizations as local elementary schools, mental health programs, native child and family services, local health centres, community centres, healing lodges, native alcohol and drug abuse programs, or day care centres.

Perhaps one of the most telling comments comes from Quebec region:

"Children continue to experience new things, and enjoy attending the program so much that they don't want to leave at the end of the day."

CLIENTS

Current numbers

At the end of the 2001-2002 fiscal year, the AHSOR program was serving 7,150 children in communities across Canada – or 683 more children than in 2000-2001. By the end of the 2002-2003 fiscal year – the program's fourth full year of service delivery – the number of children served increased once again, to 7,429.

Table 5: Number of children participating in AHSOR program (2000-2003)⁵

Region	Total number of children 2002-2003	Total number of children 2001-2002	Total number of children 2000-2001
Alberta	794	894	933
Atlantic	667	698	663
BC	2,156	1,913	892
Manitoba	669	500	659
Ontario	573	689	643
Quebec	1,224	1,245	1,443
Saskatchewan	1,346	1,211	1,234
Totals	7,429	7,150	6,467

⁵The numbers for the first year of the program (1999-2000) are not available, as many of the projects were still in development.

The following table shows the even distribution of boys and girls in the program for the last two years.

Table 6: Distribution of boys and girls (2001-2003)

Region	2002-2003		2001-2002	
	Number of Boys	Number of Girls	Number of Boys	Number of Girls
Alberta	416	378	455	439
Atlantic	334	333	361	337
BC	1,032	1,124	985	927
Manitoba	354	315	267	233
Ontario	280	293	332	357
Quebec	608	616	633	612
Saskatchewan	685	661	626	585
Total	3,709	3,720	3,660	3,490

Waiting lists

The number of children on waiting lists for the program continues to be high, despite an increase in the number of projects. These numbers attest to the very positive reputation of the program throughout Canada. AHSOR is held up as an example of truly holistic and community-driven programming, and the regional offices regularly receive requests for the creation of more projects.

Table 7: Number of children on waiting lists (1999-2003)

Region	2002-2003	2001-2002	2000-2001	1999-2000
Alberta	573	422	270	617
Atlantic	162	208	89	23
BC	82	190	120	258
Manitoba	327	236	178	676
Ontario	69	82	90	n/a
Quebec	365	283	596	n/a

Saskatchewan	577	318	548	350
Totals	2,155	1,739	1,891	1,924

Other reasons for these continued long waiting lists include:

- ▶ Increased awareness and promotion of the AHSOR programming and networking in communities;
- ▶ Greater interest in the program from stakeholders in the community (schools, health care professionals, Band members, etc.);
- ▶ Parents are more knowledgeable of the program and the benefits it has to offer the child and the parent;
- ▶ The success rate of children who attend AHSOR programs in adjusting to a regular school system; and
- ▶ Increased demographics (higher birthrate).

It should also be noted that there may be reasons, besides availability of spaces, why some children may not be on the waiting lists even though they might benefit from the program, such as:

- ▶ Ability of the program to deal with requirements for children with special needs;
- ▶ Geographic location/transportation concerns; and
- ▶ Family problems such as custodial issues, child welfare intervention, moving out of area, and hours not accommodating to family schedules.

Some of these concerns are addressed in more detail in the “Challenges and Solutions” section (page 24).

Children with special needs

In 2001-2002, there were 483 children identified as children with special needs, an increase of just over 100 such children from the previous year as outlined in Table 8. This number increased only slightly in 2002-2003 to 486. It should be noted that in some regions, it was felt that because of the lack of diagnosis for children with special needs, these numbers might be even higher than reported.

Table 8: Number of children identified with special needs accessing program (1999-2003)

Region	2002-2003	2001-2002	2000-2001	1999-2000
Alberta	20	67	59	77
Atlantic	61	33	32	NR
BC	174	164	100	73
Manitoba	43	45	52	130
Ontario	50	10	30	NR

Quebec	69	73	57	NR
Sask	69	91	93	NR
Totals	486	483	377	280

Children with special needs are mainly identified by program employees, professionals or their parents. When employees suspect that a child may have special needs, medical referrals can be made if specialists are available in the community. Unfortunately, due to remoteness of the community, these specialists are not always available. A significant improvement has been reported by those projects who have access to specialists such as:

- ▶ Speech therapists;
- ▶ Art and play therapists;
- ▶ Psychologists;
- ▶ Psychiatrists;
- ▶ Cultural and traditional healers;
- ▶ Occupational therapists; and
- ▶ Pediatricians.

Where possible, program adjustments are often made to address children's special needs. These may include policy revisions, staff training, equipment purchases, a review or modification of the staff/child ratio, a variation in activities or settings.

With more and more children with special needs looking to access the AHSOR program, all regions are reporting a great need for more resources in this area. Many projects do not have staff trained in or qualified to work with special needs children, or the resources to hire qualified specialists. The projects are doing their best to accommodate these children, but many regions report that it is often very difficult to meet their needs. (For more details, see Table 12, page 25.)

Because the issue of resources for special needs children was identified as a key challenge in the year 2001-2002, regions were asked to provide more details in their 2002-2003 reports on the types of special needs that these children have, and Table 9 elaborates on these details.

Table 9: Number of children with special needs by type (2002-2003)⁶

Region	Behav.	Comm.	Devel.	Emot.	Intellec.	Physical	FASD ⁷
Alberta	2	8	0	0	2	2	3
Atlantic	3	32	9	6	3	8	NR
BC	38	62	15	13	9	18	19
Manitoba	12	13	4	5	4	5	9
Ontario	3	38	3	2	0	4	6
Quebec	14	28	9	7	5	6	NR
Sask	13	19	16	8	6	7	NR
Total	85	200	56	41	29	50	37

Table 10: Children with special needs as percentage of total clients served (2002-2003)

Region	Children with special needs as percentage of total clients served (2002-2003)
Alberta	2.5%
Atlantic	9.7%
BC	8.0%
Manitoba	7.8%
Ontario	6.8%
Quebec	5.6%
Saskatchewan	5.0%
National	6.5%

⁶These totals do not add up to the total of 486 from Table 8 as a child with special needs may have more than one type of special need.

⁷Those regions who did not report any children in this category explain that they either had not asked the projects to gather this data, or do not have the resources or expertise in the projects to assess children with FASD.

ACTIVITIES

The years 2001 through 2003 saw a number of important activities and initiatives undertaken at the community, regional and national levels.

The national office advised and offered expertise on several projects over the reporting period. They also worked closely with the regions to address issues of common concern, and to continue to improve and expand projects in the various communities.

National evaluation

A national evaluation was initiated and implemented in the 2001-2003 reporting period. All AHSOR program management levels – community, regional and national – participated in activities designed to obtain process and baseline data for the program.

At the community level, all AHSOR sites received a National Process Survey in the fall of 2001. An early childhood educator, an administrator, and community members at each site completed the three separate questionnaires. Twenty-four selected sites also received a parent/guardian questionnaire. These sites had received training in the spring of 2001 on how to administer this survey to the parents. The return rate for the national survey was very high, at approximately 75%.

Auguste Solutions were instrumental in ensuring that the data was collected effectively, using a variety of methods.

File reviews and key informant interviews were conducted in every region and at the program headquarters to determine how the AHSOR program rolled out uniquely in each region. The review also examined compliance of project files across regions and, along with the results of the interviews, provided data on regional observations, findings, and best practices.

All of the above information has been incorporated into a summary report to identify lessons learned and make recommendations for improvement. This report will be distributed to every region in the form of a condensed package in 2003-2004.

National training workshop

AHSOR hosted the 4th National Training Workshop in Quebec City on December 6-9, 2001. Over 500 delegates participated in the three-day event that provided numerous opportunities for staff and parents from AHSOR, Aboriginal Head Start in Urban and Northern Communities (AHSUNC) and HRSDC First Nation and Inuit Child Care Initiative (FNICCI) to share knowledge, exchange ideas and learn about new resources available for the programs.

A total of 28 workshops addressed topics ranging from more pressing issues such as Fetal Alcohol Spectrum Disorder (FASD) to the healing power of laughter. Some workshops helped refine individual skills while others were focused on group interaction and brainstorming activities.

A summary report of the individual workshops, including evaluation comments from the delegates, is available from the AHSOR national office.

Aboriginal ECD Strategy

Much of the national office's focus since the introduction of the Aboriginal ECD Strategy in October of 2002 has been to ensure that the AHSOR program continues to evolve in keeping with the ECD mandate. In particular, the national office worked towards:

- ▶ Expanding the capacity and infrastructure of existing sites;
- ▶ Planning to establish new sites in priority communities;
- ▶ Increasing the number of special needs and parental outreach workers;
- ▶ Enhancing special needs training; and
- ▶ Enhancing professional development.

Professional development

The regions have consistently identified professional development as a priority for program improvement. As a result of feedback received following the 2001-2002 national training workshop, AHSOR did not offer a country-wide training workshop in 2002-2003. Instead, funding was allocated to each region so that they could increase the number of workshops and training for staff through relevant, region-specific training. Many regions distributed this funding directly to the individual communities, giving them the opportunity to offer courses tailored to their needs.

The national office also partnered with AHSUNC, so that they were able to send 75 AHSOR delegates to their national workshop in 2002.

The Atlantic region hosted their Annual Atlantic Aboriginal Head Start/Daycare Workshop in February of 2003. Over 70 participants took part in workshops that included two certificate courses: the Epipen and the Science Certification Course. The third annual workshop was planned for February 2004.

In Manitoba, a survey was mailed out to each project and reviewed by a special committee (comprised of members of the Regional Advisory Committee) to set priorities for training.

As a result of several requests from the individual projects, all regions undertook professional development activities in areas relevant to AHSOR programming. Topics included:

- ▶ First aid and CPR;
- ▶ Special needs training (including FASD);
- ▶ Assessment tools;
- ▶ Interpersonal communications and conflict resolution;
- ▶ Safe food handling;
- ▶ Diabetes prevention;
- ▶ Nutrition counselling;
- ▶ Defensive driving and proper use of child car seats;

- ▶ Curriculum development; and
- ▶ Evaluation.

Policies and procedures

In many of the regions, policy and procedure standards are integral to effective program delivery. Most projects have either implemented provincial child care licensing requirements, or safety standards comparable to provincial standards and regulations for day care facilities, including:

- ▶ Fire inspection and regularly scheduled fire drills;
- ▶ First aid and CPR;
- ▶ Environmental health and safety inspections;
- ▶ Maintenance and inspections of indoor and outdoor CSA-approved playground equipment;
- ▶ Criminal checks on all employees;
- ▶ Regular building maintenance; and
- ▶ Regular vehicle inspections.

The projects are implementing recommendations from provincial site reviews, thus ensuring long-term program delivery.

Curriculum development

Any educational program must continually evolve to improve, and many AHSOR projects focused on curriculum development to improve their program over the past two years.

For example, the Saskatchewan region contracted a professional curriculum developer to support and monitor the program, to provide curriculum training to workers and to monitor and evaluate the technical components of the program.

The Ontario region also provided curriculum development training on topics such as:

- ▶ Developing summer activities;
- ▶ Weekly curriculum development;
- ▶ Native language curriculum development; and
- ▶ Integrating High Scope training and curriculum into the AHSOR program.

The Cree Regional Authority (CRA) in Quebec provided support in curriculum development in the form of a teacher's resource manual entitled "Planning for Child's Play: Your Educational Program One Week at a Time." Training programs were also offered on how to structure activities in play rooms and on how to stimulate children's interests.

Programming

Table 11 illustrates the impressive number of hours – over 200,000 – of programming delivered to First Nations children across Canada last year.

Table 11: Total number of weeks and hours of programming (2002-2003)

Region	Average Number of Hours per Week	Number of Weeks of Operation	Total Number of Hours per Year ⁸
Alberta	19.7	1,278	25,432
Atlantic	33.2	571	19,658
British Columbia	30	2,253	71,013
Manitoba	23.6	895	21,262
Ontario	30	665	20,692
Quebec	22.7	1,308	29,680
Saskatchewan	38	259 ⁹	13,432 ¹⁰
Canada (combined average)	28	7,229	201,169

In their reports to the national office, regions are very positive about the success of their projects, confirming that they are all achieving the program's main goal of preparing young First Nations children for their school years by meeting their emotional, social, health, nutritional and psychological needs. The program provides a positive experience for the children in a culturally appropriate and nurturing learning environment. Every AHSOR project strives to instill in the children a sense of pride and a desire to learn, to foster emotional and social development and to increase confidence.

The regions also confirm that parents are actively involved in all projects and are very supportive of the AHSOR program. The parents who participate have more confidence in their roles as parents, a better understanding of the needs of their children, and stronger bonds with their children.

⁸These totals are actual totals, not derived from multiplying the average number of weeks times the number of weeks.

⁹Five of 12 sites in Saskatchewan not reported (NR).

¹⁰Six of 12 sites in Saskatchewan not reported (NR).

The AHSOR initiative is designed to include six core components: culture and language, education, health promotion, nutrition, social supports and parental/family involvement. The following sections give some examples of how these components are achieved.

Culture and language

This component is of central importance to the AHSOR program, and there are numerous examples of successes in this area, from a collaborative project among three communities for a children's pow-wow (where over 600 people were served dinner) to the creation of a full series of language tapes where none existed before.

The projects encourage parents, children, teachers and the community to become more familiar with their First Nations traditions and culture. Reports indicate an increased emphasis on cultural and language activities, and on the development of culturally relevant materials.

The regions report that the communities are clearly very proud of their culture and language, and strive through AHSOR to make the next generation aware of who they are. All of the sites promote culture and language through talking circles, Elder involvement, songs and/or day-to-day activities.

Most AHSOR programs offer language classes in the First Nations languages of their particular community and, in some sites, such as Saga-Da 'Agaas Obigi 'Asogameg in Ontario, all staff members speak their First Nations languages. As an example of the variety of languages of instruction, in Quebec they include: Cree, Algonquin, English, French, Montagnais, Mohawk, Naskapi, Innu, and Atikamekw.

Education

The AHSOR program is providing the opportunity for children to get an early start on their formal education. It gives them the time and space to advance at their own pace and level, and fosters the enjoyment of life-long learning in each child.

With many of the participants graduating into regular school programs, several sites were able to judge the effect of their program within the current reporting period. The children demonstrated that they were well-adjusted emotionally, socially and cognitively and had a high level of school readiness.

Most projects reported fulfilling the educational component very effectively. All projects organized age-appropriate activities, both indoors and out, and emphasized school readiness activities such as colouring, cutting and pasting, drawing, painting, and some learning of the alphabet and numbers.

In Ontario, most of the projects have developed specific systems for monitoring the progress and development of each child and ensuring that individual needs are met. They have also incorporated certain educational curricula into the program, such as the High Scope curriculum.

The University of British Columbia is currently undertaking a study to assess children's readiness to learn in kindergarten classes throughout the province, and many First Nations schools have agreed to participate. In light of this study, there is an opportunity for a more formal evaluation of the impact of the AHSOR experience in British Columbia.

Health promotion

All of the projects work very closely with health partners, and these linkages are key to the success of health promotion. All of the sites have qualified health professionals, such as community health workers, dental assistants, or nutritionists, to provide health services (immunizations and hearing assessments, for example) or demonstrations and workshops.

The projects promote healthy lifestyle practices such as nutritional cooking activities for parents and children, health fairs, community kitchen activities, sports days, and workshops for parents on such topics as diabetes, prenatal health, drug and alcohol use, food safety, first aid and mental health.

A recent initiative in some regions is to incorporate healthy dental practices in daily activities, so that many projects have toothbrushes for the children on site to ensure that they brush after meals. Many projects are also participating in a monthly dental varnish or fluoride rinse program.

Much of the work around the health component lies in encouraging children and families to follow healthy personal hygiene habits, to make healthy lifestyle choices, to participate in physical activity, and to follow medicine wheel and holistic health practices.

Nutrition

An important element of many of the projects is teaching the importance of healthy eating, often within the context of traditional foods. Most projects provide healthy snacks to the children, or make sure that the snacks brought from home are nutritious. Some full-day projects provide lunch and, at some sites, breakfast foods are kept on hand in case children arrive without having eaten breakfast.

All food is prepared and planned according to *Canada's Food Guide to Healthy Eating* or the *Native Food Guide*. Children are encouraged to participate in the selection and cooking of healthy foods provided.

Some AHSOR projects organized field trips to grocery stores and food banks, developed community gardens, or started community kitchens. One project gave \$10 daily food vouchers to their participants, with which they were to purchase only nutritious food at a community store. Many of the programs encourage parents to use healthy meal choices by providing a list of meal ideas and recipes for their use.

The Manitoba regional office was able to secure a dietician who traveled to the communities and facilitated nutritional workshops for the staff and parents.

In Saskatchewan, one project hosts an evening program where the whole family comes for a nutritious dinner, then the older children leave for a youth program while the parents stay and participate in activities with the younger children. This is an example of how the projects are incorporating meals – traditionally an important way to gather as families or as a community – into the AHSOR program.

Social support

The primary purpose of the social support component is to ensure that families are made aware of resources and community services that are available. All programs provide community resource information to families through newsletters, brochures, flyers, and information packages, and often initiate referrals and assist parents with appointments.

A major social role performed by the AHSOR projects in their communities is to help children and their families develop social skills and interaction abilities. Many of the social support activities for children also foster respect for others, sharing with others, fair play, good manners, kindness and consideration, learning through play, independence, listening skills and reinforcement of positive attitudes.

Children and families in the program often participate as a group in community events, thus enhancing the profile of AHSOR in the community while encouraging families to interact and develop relationships with others.

Parental and family involvement

In many ways, this component represents one of the greatest successes of the AHSOR program as well as the biggest challenge. Parents and families are involved to some capacity – representing over 60,000 hours or 60% of the volunteer participation in the program – but the degree to which they contribute varies considerably from project to project.

Some of the projects explored a variety of methods to sustain parental and family involvement such as notices, newsletters, home visits, telephone calls, bulletin boards, potluck meals, meetings, a parent calendar and community dinners. Some sites have made the decision to have regular programming only four days a week, using the fifth day to organize more family-oriented activities. Others hold weekend events to accommodate parents who work full-time during the week.

Overall, an increased number of volunteers participated in all aspects of program delivery. Most noticeably, Elders expressed higher interest in the program and gave more of their time to the projects in their communities.

IMPACT OF THE PROJECTS

Reports from the regions indicated that there continues to be a very positive effect on the children, families and communities involved. The following are some examples of how the AHSOR program made an impact during 2001-2003.

Impact on the children

In the majority of the projects, teachers in the regular school system provide the most comprehensive and significant feedback; they often comment that children who graduate from an AHSOR program are emotionally, cognitively and socially well-adjusted.

By the time they are ready for kindergarten, the children who attended an AHSOR program demonstrate a high level of school readiness. They have already learned the importance of following a structured routine, display good coping and socialization skills, show a higher level of speech and language development, and are comfortable with asking questions during circle time.

The AHSOR program also provides a safe and fun environment where children can play and discover the world around them. They make friends with their classmates and teachers and become more comfortable in a social environment. The program provides the opportunity to address any particular concerns or needs of a child in a supportive environment.

A significant benefit to the children is the improved interaction with their parents. In many cases, parents are spending more time with their children, interacting with them more both at school and at home.

One project in the Quebec region, in an isolated community where families live in the bush, exemplifies how important the program can be. As there is no school in the community, the program prepares the children to attend a mainstream school in an urban setting. The children must be taught to be able to sit still for class for increasing increments of time, to learn to speak the language of the majority, and to undertake all the school readiness skills that will allow them to start school on an equal footing with their peers.

Impact on the parents

A key indication of the positive impact of the AHSOR program on the parents is that they are becoming increasingly comfortable in their role as the children's first teachers. The AHSOR program instills confidence in them by providing information about the development and needs of their children, encouraging them to spend time interacting with their children at home and at school, and helping them to share their gifts and to develop as role models for the community.

Parents whose children participate in the program have stated that they enjoy their time with the children more, are coping better with stress, and have made significant changes in their lives. For example, many parents have been so inspired by their children's development that they themselves have returned to school, started language classes or rediscovered a traditional practice.

Overall, parents participated more in all aspects of program delivery than they did in previous years, both in the centre and on the parent advisory committees. Some regions also noted that fathers are becoming more involved in the program than they were initially. Furthermore, extended families are still very important in many of the communities, so that the programs and activities are also open to grandparents, and aunts and uncles.

The number of activities for parents has increased, particularly those related to developing parenting skills such as first aid, breast feeding, prenatal care, early childhood development or nutrition. This programming provides specific groups of parents with much needed support in the raising of their children. Some of these target groups include single parents, young or underage mothers, new mothers and at-risk families.

The parents participating in an AHSOR project often become a tight-knit group and truly enjoy the time they share together working on the various activities. Many continue to volunteer with the program after their child(ren) have graduated.

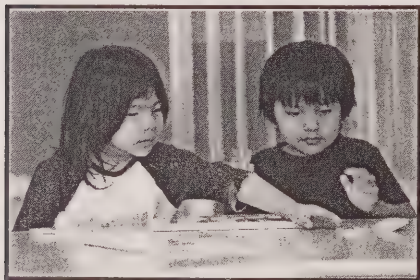
Impact on the community

Community awareness of the AHSOR program has greatly increased since its inception. This is partly due to the fact that the children participate in community activities and events, but more importantly because of the obvious benefits that the program brings to a community.

The AHSOR program benefits the community by increasing networking and cooperation between community services, and by contributing to the stability of a community and cohesion among local projects.

In the long-term, the program benefits the community through a reduced risk of child injury, healthier lifestyles, better nutrition, and increased school success. The program also contributes to ensuring that communities continue to celebrate the uniqueness of their own cultural identity as First Nations.

Some projects also noted that they organized successful special community activities in collaboration with local organizations. These included theme weeks, Christmas and Halloween activities, and traditional celebrations such as feasts and pow wows, which were all very popular among the clients they targeted.



FUTURE DIRECTIONS

YEARS OF GROWTH

The AHSOR program is destined to grow and progress over the next few years. The national and regional offices will continue to work together to build stronger linkages between and within communities, to evaluate the program, to develop consistent reporting tools and to strengthen the overall program within an Aboriginal ECD approach.

As it expands, the program will:

- ▶ Continue to enhance and improve existing AHSOR projects;
- ▶ Develop new sites to increase the reach of the program;
- ▶ Expand the capacity of existing projects to reach more children;
- ▶ Support new measures to monitor the well-being of Aboriginal children and to address FASD in First Nations communities; and
- ▶ Respond to program gaps, such as tools for working with children with special needs or parent outreach programs, and other challenges as described in “Challenges and Solutions” (below).

AHSOR will also continue to forge linkages between communities, departments, and regional and national organizations to help fill the gaps between the various program areas.

Although we have made great strides in many directions, there remains further potential for progress as we continue to evaluate and develop the AHSOR program.

CHALLENGES AND SOLUTIONS

The national and regional offices will work together in the upcoming year to address a number of challenges identified through the national evaluation and through the regional reports.

The following table explores some of the challenges in more detail, and gives an idea of how the national office and the regions are working to resolve them.

Table 12: Challenges and solutions

Challenge	Proposed solutions
<p>Networking:</p> <p>Program staff have voiced the need for more effective networking opportunities to increase their knowledge of, and partnerships with, other groups delivering similar programs. Individual projects need to know that they are not working in isolation.</p>	<ul style="list-style-type: none"> ▶ The national office is working within the Aboriginal Service Providers' Network, a working group that builds on existing Aboriginal coalitions and mechanisms. The Network provides advocacy, leadership and recommendations on national approaches to training and development and will contribute to strengthening linkages between provinces and territories. ▶ The regional offices are working with communities to help them effectively promote their program sites and make appropriate linkages and referrals. ▶ Some regions are organizing region-wide conferences, providing the basis for information-sharing. ▶ BC is investigating the feasibility of organizing an annual get-together of regional representatives, and is setting up quarterly conference calls. They also plan to launch a community exchange program where staff from one project visits and works with another project.
<p>Capital infrastructure:</p> <p>The buildings currently used for the program are often inappropriate – they are either too small or unsuitable. Also, buildings that were originally provided as in-kind contributions have now deteriorated, and there are no funds for repairs or renovations.</p> <p>Some of the sites have upgraded their facilities for safety reasons, but cannot expand to accommodate more children.</p>	<ul style="list-style-type: none"> ▶ The national office is exploring ways of incorporating ongoing maintenance expenses into the core funding of the program and is targeting funding allocated through the Aboriginal ECD Strategy towards enhancing existing infrastructure. ▶ In the BC region, the province has allowed access to their child care spaces grant for reserve communities. The British Columbia First Nations Head Start office will provide matching funds in an effort to assist communities in securing this grant. ▶ Some regions are working with partners in the community to locate more suitable locations for the program. ▶ The Quebec region is conducting a needs assessment to determine infrastructure needs, and to explore possibilities within the communities.

<p>Human resources:</p> <p>High staff turnover and Band administration turnover within the communities often affect program delivery. Furthermore, many projects experienced staffing difficulties due to remoteness/access factors. Because of the typically low salaries of daycare workers, retaining qualified staff remains a challenge.</p>	<ul style="list-style-type: none"> ▶ The national office will investigate the reasons for the high turnover rates and consider options for resolving this problem, including additional training for identified stakeholders. ▶ In Manitoba, the Regional Advisory Committee and the regional office reviewed the salaries of the staff this past year and will make recommendations based on their findings. ▶ In Alberta, the regional office is helping projects identify the best way to utilize the staff and capacity within their communities. They are also ensuring that the projects put aside adequate budget for training each year.
<p>Licensing and safety standards:</p> <p>Currently, no national standard exists for childcare and although most projects follow provincial standards, some projects have no formal safety standards.</p>	<ul style="list-style-type: none"> ▶ The national office is collecting and reviewing further background information and will continue working with the regions to explore options that promote safety and the advantages of licensing. ▶ The national office is also investigating the possibility of making basic safety standards integral to the contribution agreement, or making these standards mandatory for each of the sites. ▶ The Atlantic regional office has been working very closely with their federal Environmental Health Office to gain a better understanding of the safety measures that should be in place in the sites. ▶ In BC, the regional office is in the process of developing program standards. They are also considering mandatory licensing of centre-based sites for those that do not benefit from 100% parental participation¹¹.

¹¹ Programs with 100% parental participation do not require licensing.

<p>Screening:</p> <p>There is a demonstrated need for a tool that can be used to screen and assess children, and in particular, a tool to identify children with special needs.</p>	<ul style="list-style-type: none"> ▶ The national office will continue to review existing screening models and tools for cultural, age and stage appropriateness, then raise awareness of these tools among the various sites through newsletters, conferences or training workshops. ▶ In the Atlantic region, the plan is to form an information team made up of specialists who will make recommendations about an appropriate assessment tool to help teachers identify a child with special needs.
<p>Special needs:</p> <p>Besides requiring assessment tools, all regions emphasize the need for more specialized services and training to better serve children with special needs who participate in the AHSOR program.</p> <p>Many of the AHSOR programs are located in areas where accessing specialists on a regular basis is extremely difficult. For those who have access to specialists, significant improvement has been identified.</p>	<ul style="list-style-type: none"> ▶ This is a high priority for the national office, as the needs of these children – and children with FASD in particular – are a key focus of the Aboriginal ECD Strategy. The national office will therefore be working closely with many provincial partners and federal organizations such as INAC to look for innovative solutions to this very pressing need. ▶ Ontario is working to implement a comprehensive home visit program and centre-based program that will train parents of infants and toddlers in play-based curricula. This initiative demonstrated significant positive outcomes for helping parents identify delays early on, and improving early cognitive and other developmental delays. ▶ The Ontario region is also investigating the possibility of implementing a range of contemporary, successful therapies for increasing pro-social behaviour and centre-based play therapy. ▶ Quebec is proposing to centralize resources (such as an educational psychologist, therapists, etc.) that would be available to all projects.

<p>Transportation:</p> <p>Transportation remains a challenge, especially due to wide service areas, cold weather and lack of proper transportation on the part of the parents or the project.</p>	<ul style="list-style-type: none"> ▶ Some regions have been able to secure funding for additional vans to transport the children to the site, sometimes increasing attendance by 20 percent. ▶ In Ontario, some projects have put aside funds to hire drivers to transport children and parents to the program. ▶ The Alberta regional office is assisting communities in determining the most economical means of transporting children to the program safely. ▶ Many regions report that outreach activities are the key to resolving this issue, and recommend that the projects continue to expand beyond centre-based programming. ▶ Manitoba suggests that centres affected by isolation close down during the coldest two months of the year, and operate during the months of July and August instead, when participation is likely to be higher. This solution would also save on heating costs and vehicle expenditures.
<p>Culturally relevant materials:</p> <p>The communities need assistance in obtaining or creating culturally relevant materials, as these are not easily accessible.</p>	<ul style="list-style-type: none"> ▶ Through research and knowledge sharing, the national office will disseminate information about which organizations provide appropriate materials. ▶ The BC regional office will investigate the feasibility of creating a language and culture grant in cooperation with Canadian Heritage. They will also partner with other FNIHB programs to develop and deliver more culturally-appropriate health resources.

PLANNED ACTIVITIES FOR 2003-2004

In keeping with the Aboriginal ECD Strategy, the national office's primary focus in 2003-2004 will be to continue enhancing existing AHSOR sites and expand the program to include more sites throughout Canada. It will also intensify its efforts to address the challenges of children with special needs, and those with FASD in particular.

Another important focus of the national office is the work with the Aboriginal Service Providers' Network (ASPN). There are over 1,000 people working on Aboriginal early childhood development programs across the country. The programs include Aboriginal Head Start, Fetal Alcohol Spectrum Disorder Initiatives, Canada Prenatal Nutrition Programs, FNICCI and K4/K5. These service providers are accumulating an ever-increasing wealth of experience and knowledge, and this information can and should be shared. Together with the ASPN, the national office will work toward:

- ▶ Gathering and centralizing access to information relevant to Aboriginal children;
- ▶ Modifying existing information into culturally appropriate, user-friendly resource materials;
- ▶ Disseminating information through communication activities (newsletters), Web-based applications and forums (meetings, conferences, training programs); and
- ▶ Advocating for the development of information that responds to the needs of the AHSOR program.

Also in 2003-2004, the national office will distribute the summary report of the national evaluation to all sites. It will be a condensed package, and address such topics as how the six AHSOR components were implemented, how the various communities responded to the program, and will provide details about staffing needs and successes. The report will also include a short summary of the regional implementation.

Planning will begin in 2003-2004 for the second phase of the evaluation, which assesses the impact of the AHSOR program. In particular, the study will examine how well the program prepares participating children for school, whether it is successful in developing parental skills, as well as its overall cost effectiveness.

Also during the next fiscal year, the national office will finalize the new reporting tools in order to better meet the needs of the sites, regional offices and the national office. The National Reporting Template (NRT) was developed early in the program to address reporting requirements as mandated by Treasury Board Secretariat guidelines. The NRT has been a challenge since its inception, as the data collected is not easily tabulated or managed. A working group was formed to review the NRT and develop a system for reporting. The new system promises to be more simple to use and less repetitive while still meeting all accountability measures that have been put in place.

An exciting planned activity for 2003-2004 is the creation of a photo library. The national office plans to travel to several sites across the country to photograph children, families and staff participating in the AHSOR program. The photos will be used to market and promote AHSOR to stakeholders and the public.

Inspired by the success of each individual project, every region is devoted to improving and expanding their AHSOR program in cooperation with the national office. The following are summaries of their plans and goals for the coming year.

Table 13: Planned activities and goals for 2003-2004 (regions)

Region	Planned activities / Goals
Alberta	<ul style="list-style-type: none"> ▶ Build capacity within the AHSOR programs by demonstrating the value of the program to parents, the community and other stakeholders through a formal evaluation; ▶ Use appropriate tools and indicators to measure the difference that the AHSOR program is making in Alberta; ▶ Continue to build strong networks and partnerships within and around the First Nations communities; ▶ Ensure that AHSOR staff receive appropriate training; ▶ Increase the number of children in AHSOR programs; and ▶ Improve parental involvement in the lives of their children.
Atlantic	<ul style="list-style-type: none"> ▶ Host the 2nd Annual Aboriginal Head Start/Daycare Workshop; ▶ Increase the number of accredited staff in the program; ▶ Build on their relationship with federal departments; ▶ Introduce the value of ECERS (Early Child Environmental Rating Scale); ▶ Promote parenting programs activities through the regional workshop; ▶ Promote extended families through activities in region (such as an “Extended Family Day”); and ▶ Explore the possibility of a regional salary scale for Early Childhood Educators within the region.

British Columbia	<ul style="list-style-type: none"> ▶ Address the gap that has been identified for the 0-2 population, thus introducing the components of the AHSOR program as early as possible in a child's life; ▶ Pilot the implementation of an outreach program in a high-risk isolated community and investigate existing outreach programs to evaluate their incorporation into the AHSOR program; ▶ Due to the enormous demand, create new programs in at least a dozen communities, of which a portion will be in communities that have no current ECD programming; ▶ Increase training opportunities, develop program standards and facilitate increased networking; ▶ Increase partnerships with the province to address capital requirements and licencing issues; and ▶ Enhance programming and guidelines for children (especially for children with special needs).
Manitoba	<ul style="list-style-type: none"> ▶ Continue to ensure that the program focus is on the children and parents, and that the approach is a holistic one; ▶ Review the reporting requirements and data collection with the intent to streamline the required paperwork without compromising accountability; ▶ Implement effective evaluation and accountability mechanisms; ▶ Build capacity on an ongoing basis at the community level; ▶ Increase the number of centre-based outreach programs in the First Nations communities with new funding; and ▶ Improve salaries at existing AHSOR projects in an effort to retain qualified staff.
Ontario	<ul style="list-style-type: none"> ▶ Work towards integrated and consistent program approaches to behaviour management and preparing children for school; ▶ Improve liaison with other agencies to increase cooperation, share resources and knowledge and avoid scheduling conflicts or duplication of services; ▶ Enhance programming throughout the summer months; ▶ Resolve transportation issues and other issues that impede access; ▶ Continue to integrate the High/Scope curriculum within the AHSOR program; and ▶ Ultimately, significantly reduce the future levels of special education placements in the primary school years for children who have participated in the AHSOR program.

Quebec	<ul style="list-style-type: none"> ▶ Conduct a needs assessment for facilities, and work with the national office to explore possibilities for capital funding; ▶ Support initiatives of the First Nations Early Childhood Regional Advisory Committee to bring together AHSOR program workers, child care workers, and preschool teachers; ▶ Investigate the possibility of holding regionalized hands-on training workshops in several central locations; ▶ Develop or adapt existing screening tools for identifying special needs children, and provide appropriate training; ▶ Establish centralized resources that would be available to all projects in the region (such as an educational psychologist to work with the educators on programming interventions for special needs clients); and ▶ Ensure the continuity of the program as an essential service for the communities, and for the children's development and school readiness.
Saskatchewan	<ul style="list-style-type: none"> ▶ Enhance program facilities, equipment, and educational materials; ▶ Remove or at least reduce transportation barriers by increasing the number of vehicles equipped to transport children with disabilities; ▶ Enhance training for staff, parents and the community on topics such as ECE, FASD, Head Start Orientation, curriculum development, empowerment, children with special needs, and health promotion; ▶ Investigate ways to better integrate the program in the community through increased collaboration; and ▶ Undertake evaluation activities.

ONGOING WORK WITH OUR PARTNERS

To ensure that we meet the needs of Aboriginal children and their families in a comprehensive and cooperative manner, Health Canada, Indian and Northern Affairs and Human Resources Development Canada will continue to work together on an integrated federal early development strategy for Aboriginal children. This strategy, which reflects the issues identified by national Aboriginal organizations, is consistent with the federal commitments in the Aboriginal ECD Strategy.

Through collaboration with its many partners, through innovative approaches, and with the commitment of the many staff, volunteers and family members who support the program, AHSOR promises to continue making a meaningful contribution to the lives of Aboriginal children.

(INSIDE BACK COVER)

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